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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

10/808,802

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 8/21/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1											
2												
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Total Depend	27											
Total Claims	29											
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